

# 孔子学院

Confucius Institute at UTSA

Student Full Name: \_\_\_\_\_

Language Class Registered: \_\_\_\_\_

Registration Fee for 2019 Spring Semester: \$20

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## Registration for 2019 Spring Semester Only

	Chinese	Adult Chinese	HSK Class	AP Class	Di Zi*	Dance*	Martial Arts / Taichi*
	\$150	\$200	\$250	\$600	\$200	\$200	\$200
Child 1							
Child 2							
Child 3							

Total: \$ \_\_\_\_\_

## Language Class Text Book:

Book	Unit Price	Quantity	Subtotal
Ma Li Ping Chinese	\$65		
Better Chinese	\$60		
AP Class	\$60		
Great Wall Chinese	\$40		
HSK Chinese	\$45		

Total: \$ \_\_\_\_\_

## Culture Class Supplies:

	Unit Price	Quantity	Subtotal
Di Zi	30		

Total: \$ \_\_\_\_\_

Grand Total: \_\_\_\_\_

Check No. \_\_\_\_\_

**UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT**

Name of Participant	
Student Identification Number if Enrolled at UTSA	
Name of Parent/Guardian if Participant is < 18 years old	
Address	
Age of Participant	
Emergency Contact/Phone Number	
Description of Activity/Trip (including all associated travel)	Confucius Institute at UTSA Sunday Chinese School 2018 - 2019 Events (classroom & fieldtrips)
Location of Activity/Trip	UTSA Main Campus & Field Trip Locations
Date of Activity/Trip	All 2018 -2019 school year Sundays and Saturdays (incl. culture events)

By signing below, I consent to the Participant’s participation in \_\_\_\_\_ (“Activity/Trip”) and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that \_\_\_\_\_ (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

**In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant’s health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his or her death, that may arise from or occur during Participant’s participation in the Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.**

**I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant’s negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.**

\_\_\_\_\_  
Signature of Participant or Parent/Guardian      Printed Name of Signatory      Date \_\_\_\_\_  
If Participant is at least 18 years of age OR Signature of Participant’s Parent/Guardian if Participant is under the age of 18

\_\_\_\_\_  
Signature of Witness      Printed Name of Witness      Date \_\_\_\_\_

# PHOTO RELEASE FORM

I hereby grant UTSA Confucius Institute Sunday Chinese School permission to use the likeness of my child, \_\_\_\_\_, in any and all of its publications, including websites.

(We will not publish your child's first or last name, address, phone numbers, or other information protected by federal regulations.)

I understand that any and all of these likenesses will become the property of the UTSA Summer Camp. I hereby authorize UTSA Confucius Institute Sunday Chinese School to exhibit or publish any likenesses for the purpose of publicizing any and all Camp activities or any other lawful purpose.

I hereby release the University, its governing body, employees, and representatives from any responsibility from all claims, demands, and causes of action which I, my heirs, representatives, executors, or any other person or persons acting on my behalf or behalf of my estate have or may have by reason of this authorization.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Food Allergy Form

On the someday of Sunday Chinese School the Students will learn how to make Chinese food.

Please list all food allergies that your kids has and we will remind him/her not to consume these food items if they are provided as part of the cooking lesson.

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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Child(ren)'s name: \_\_\_\_\_

Print Parent/Guardian print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_